

At the Oakland, Calif., facility of the Kaiser-Permanente Medical Care Program, the library is part of the comprehensive delivery system

A Health Education Library for Patients

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WITHIN THE TRADITIONAL framework of the physician-patient relationship, the primary concern of the physician is usually the diagnosis and treatment of a patient with a presenting problem. Underlying basic assumptions that are generally accepted are (a) responsible understanding by the patient of the medical advice given and (b) sufficient motivation for compliance with the physician's instructions because of the patient's desire to recover and stay well. Consequently, the area of specific educational mode and content; assessment of the patient's level of comprehension, ability or capability to concur or comply, or both; and recognition of the barriers to that end have received little attention. Thus, any determination of the patient's insights and educational needs before the possibility of any desirable behavioral change may have been overlooked or relegated to an office nurse, a family member, or a community resource.

Recently, with more awareness of this distinction between medical advice and instructions and the patient's level of understanding and concomitant desire to comply, there has been an increasing use of audiovisual instructional aids in physician's examining offices and outpatient waiting rooms (1,2). Additionally, the trend today is toward more emphasis on the preventive and health maintenance aspects of medical care.

The Oakland, Calif., facility of the Kaiser-Per-

manente Medical Care Program is a large prepaid group practice in an urban, ambulatory setting. A pilot program was developed at this facility to actualize a concept of a more rationally organized medical care delivery system (3) through allocation of medical resources according to needs of patients as detected by a health testing service. Within this system (fig. 1), incoming patients are triaged to sick care for discovered illness, to preventive maintenance care for early or asymptomatic disease, and to health care for health protection and maintenance information. A health library for patients was conceived as a subcomponent of health care which would enhance learning about health and disease; it has been developed as an integral part of the comprehensive delivery system.

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Purposes of Library

The health education library for patients was designed to provide the following

- a centralized service to which the physician may refer patients for clarification, explanation, and information leading to adequate comprehension of the nature and management of specific disease or other health problems,
- a similar service for patients referred by nurses and other health workers,
- an information resource available on self-referral to all members, sick or well,
- a health education resource for the community at large,
- a training ground in health-related education for students and volunteers, and
- a library resource to staff members and instructors for inservice education, research, and other assistance.

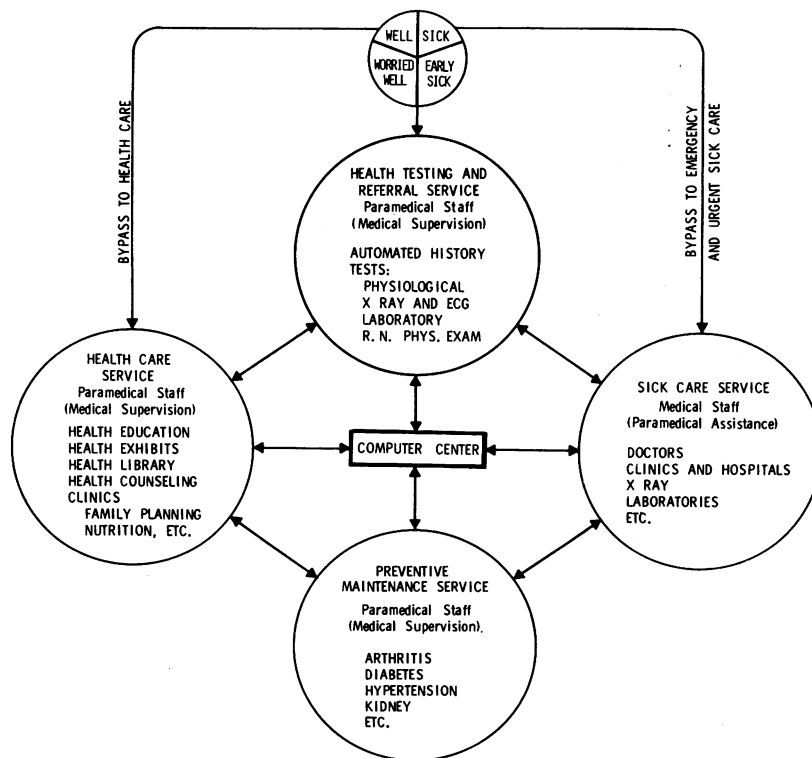
In terms of more distant goals, a centralized library resource may have potential value for (a)

saving physicians', nurses', and other health staff's time spent in repetitious tasks in patient education, (b) improving the quality of the physician-patient relationship through better understanding of disease-related conditions, (c) serving as an avenue for better patient satisfaction with supportive services, and (d) reducing ultimate costs of health care through more optimal use of health professionals' services.

Perceived Need

Before the library resource was developed and implemented to fulfill the preceding purposes, the medical staff and a random sample of 1,287 Kaiser-Permanente members were surveyed to assess their receptivity to this concept. A questionnaire distributed to 150 attending physicians at the Oakland Medical Center yielded an 84 percent response. Of these physicians, an average of 31 percent were definitely interested and willing to use such a projected referral service, and another 31 percent stated that they would consider referral to a library program if they felt that

Figure 1. Triage system used in Kaiser-Permanente Medical Care Program, Oakland, Calif.



it would help their patients. Of the Kaiser-Permanente members surveyed, one-third expressed interest in using a potential library resource as a learning center. Since there was no specific prototype on which to base decisions, these responses by both physicians and health plan members were accepted as preliminary predictive figures against which later utilization results might be measured.

Description of Library

The Patient Health Library was designed to emphasize the use of audiovisual media as educational devices. At the entrance of the allocated 2,000 square feet of space, a comfortably furnished reading area—having an upholstered sofa, chairs, and reading carrels—invites perusal of printed materials available from a pamphlet rack or open book shelves. Beyond the reading area and facing the entry is the registration counter, which is surrounded by 24 individual viewing booths arranged to form a square. Staff members who service incoming patients are stationed at desks inside the square, which also houses the software materials and a television control unit. The exterior of the square provides access to the booths, each of which is numbered and equipped with a swivel and movable chair, a cart holding an audiovisual projector, two sets of headphones, a light-buzzer system for signaling a need for assistance, and a pad and pencil for taking

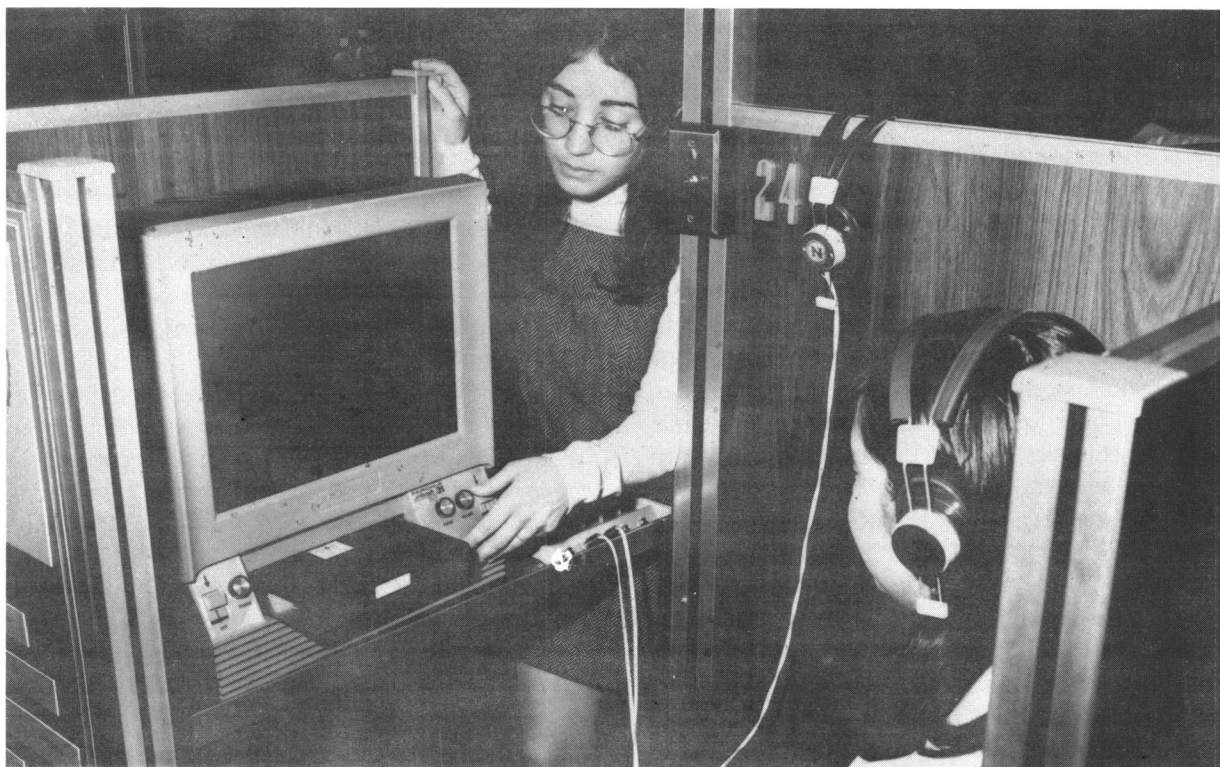
notes. Positioned for easy loading of programs by a staff member, the projectors have rear-view screens so that viewers can watch programs in a variety of formats, including 16-mm film, super-8-mm motion picture, filmstrip-with-sound, cassette, audiotape, and slide carousel.

The rear section of the library has an area for viewing closed-circuit videotape and a small projection room for audiences of up to 15 persons. The perimeter of the room is lined with shelves for reference materials, storage, and additional carrels.

Materials

Search for health education materials suitable for a lay audience, both adult and juvenile, is a continuing staff endeavor. Each audiovisual program in the expanding inventory requires preview and consensus by a selection committee of physicians, nurses, health educators, other resource staff, and potential viewers as to its suitability for the target population. The programs pertain to both health and disease in the human lifespan and include newborn and infant care, the child at each stage of growth and development, guidance for pre-adolescents, teenage problems, family life education, including family planning and prenatal care, immunizations, nutrition and weight control, disease prevention, and acute and chronic disease conditions.





Specific audiovisual programs have been developed internally at the request of staff physicians or other health professionals, who then have served as consultants to provide content and to review the product for suitability and accuracy. A description of each program is contained in annotated, illustrated catalogs listing the film inventory by title. Printed lists of titles are updated periodically for distribution.

Printed materials comprising an expanding reading collection, which complements and supplements the nonprinted programs, consist of books, clipping files, and take-home pamphlets on display in the lounge area. Health subjects range from allergy to urology; the most popular to date is family planning and prenatal care. Much effort continues to be expended in procurement or production, or both, and distribution of printed materials to reinforce the audiovisual programs. Additionally, a large variety of reference readings, including articles, books, and encyclopedias, are being added to the collection. As of December 31, 1973, the library contained more than 250 audiovisual programs, 320 books, and more than 150 pamphlet titles (which are distributed at no charge).

In addition to access to the materials mentioned, library visitors may call on the librarian

for further services or be referred to other resource persons such as physicians, health counselors, or other paramedical staff (for example, a nutritionist) or to educational programs (for example, smoking cessation), to adjacent health-exhibit theaters, or to community services and agencies. Thus, the library is an educational resource and an information center that guides visitors through a complex health care system.

Operation of Library

Present staffing for the Patient Health Library includes a librarian, a library assistant, and a small corps of volunteers, under the guidance of an education director. Administrative decisions are the responsibility of the physician project chief. The library is open 6 days a week—from 9 am to 5 pm on Monday, Tuesday, Thursday, and Friday; from 9 am to 8:30 pm on Wednesday; and from 1 to 5 pm on Sundays. Access to the library is free of charge to drop-in visitors, as well as to patients who are referred. Referrals may be from any of the staff physicians, nurse practitioners, nurses, or allied health workers from any Kaiser-Permanente facility.

Patient or visitor flow is uncomplicated. On entering the library, each person registers at the counter, is informed about the library services

and pertinent supplementary materials, and is then directed to a booth for the first program. The library worker demonstrates use of the head-phone and call button, then starts up and checks the program for synchronization. The visitor, in private or with a companion, views the program, signals when finished, and moves on to the next library activity (for example, another film or reading), or leaves.

A registration form, or library record, is used to collect data on all health plan visitors except those who merely browse or ask quick-answer reference questions. The data gathered include personal statistics (sex, birth date, medical record number), source of referral to the library (physician, registered nurse, receptionist, self, and if appropriate, clinic or department), and materials used during the visit. In addition, the library record notes persons and departments (for example, health counselor, exhibit theater, smoking cessation program) to which the visitor was referred by library staff members. The library records are punched for statistical tabulation by the computer and then weeded and routed to the chartroom for insertion into each patient's chart. Thus, the physician can learn at a quick glance whether or not his patient complied with his educational instructions and to what other educational resources, if any, his patient was referred.

Use of the Library

The Patient Health Library opened for service in July 1969. Orientation of the staff took the form of noon meetings for physicians and invitational guided tours for administrative and employee personnel. Open-house events were held for the health plan members. The formal opening received community television and newspaper coverage. A descriptive brochure was produced and distributed by mail and by posting at strategic clinic areas.

Adoption of the library service as an integral part of the health care delivery system has been a gradual process. Growth in use according to monthly tallies has proceeded from a beginning figure of 82 visitors in June 1969 to 581 in June 1973 (with a peak attendance of 948 registered in March 1973), a growth increase of more than 700 percent. Figure 2 shows growth in 6-month increments from January 1970 through June 1973; the total number of visitors from January to June 1973 was more than double that registered in the same 6 months 3 years previously. While documentation of the number of film showings is now entered separately for users on an individual, group, and class basis, the incidence of growth—the July 1969 figure of 98 film showings compared with the June 1973 record of 1,122 film viewings—was about 1,000 percent

Figure 2. Use of health education library, by number of visitors and film showings, January 1970–June 1973

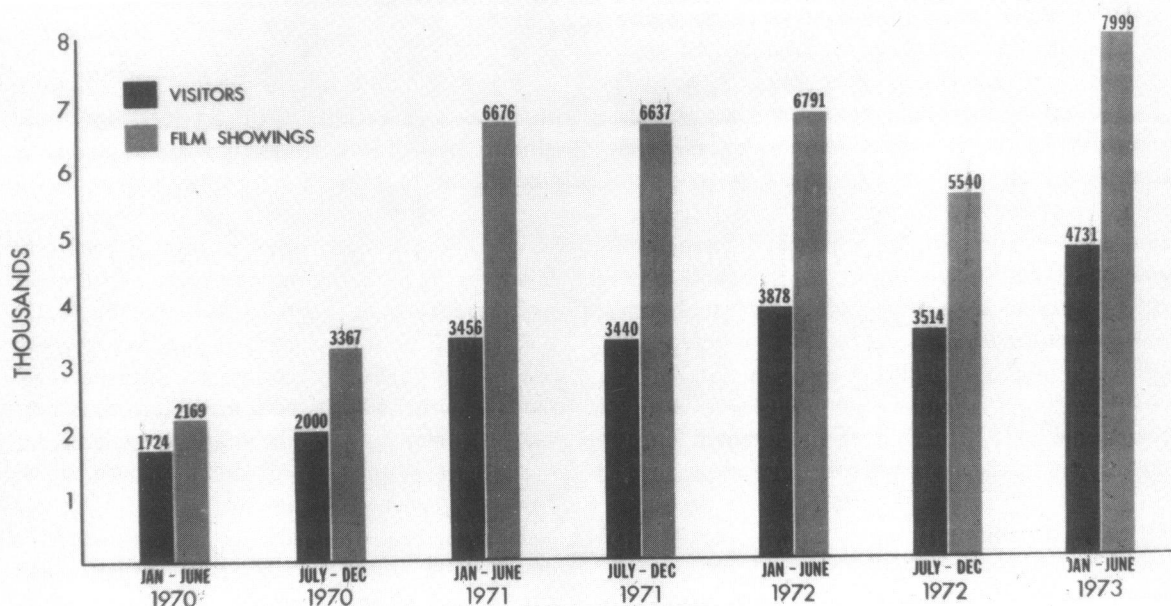
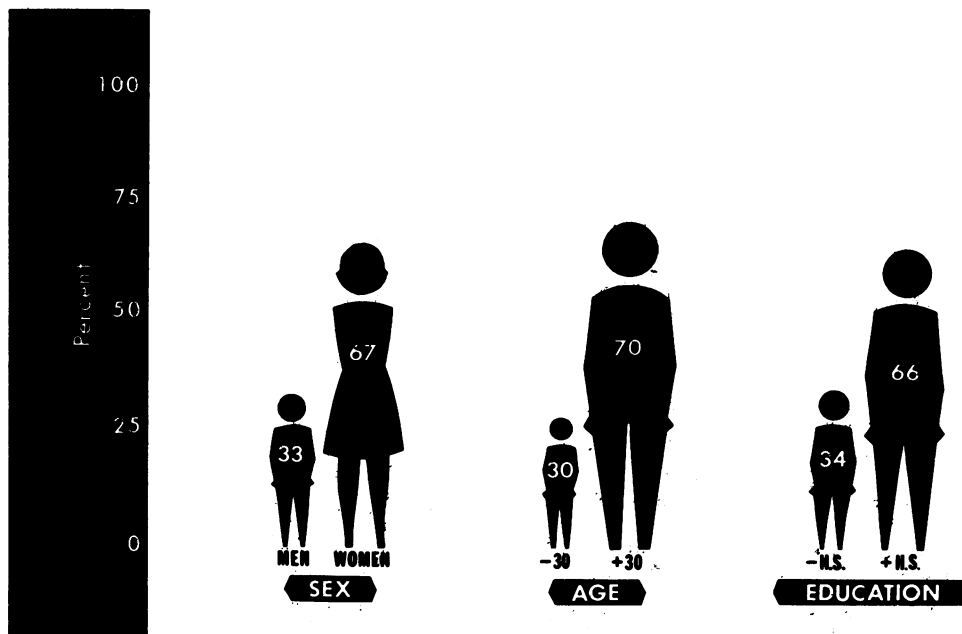


Figure 3. Characteristics of visitors to health education library



over a 4-year period. In 6-month increments, the total for January to June 1973 of 7,999 film showings was more than triple the total viewed for January to June 1970.

Concerning characteristics of viewers, the attendance records (fig. 3) showed that women users outnumbered men in an approximate ratio of 3 to 1. This preponderance of women may be due to the very active use of the library for viewing of family planning and prenatal films, which may also account for the predominance of visitors under age 30. While the educational level of all attendees is not documented on an ongoing basis, a sample survey conducted recently disclosed a rather high academic level of visitors; the largest segment had completed high school, and an impressive portion of one-third of those reported having had college or postgraduate experience. This finding corroborates the documentation of other studies that the better educated will more readily take educational opportunities and points up the need for some outreach effort for the less educated who have a need at least as great as that of the library users.

The sources of referrals as reported by the visitors (fig. 4) showed a slow but steady increase in referrals by physicians and nurses. The preliminary baseline survey figure of 31 percent of the physicians who indicated intent to refer patients to a library resource was confirmed by the actual

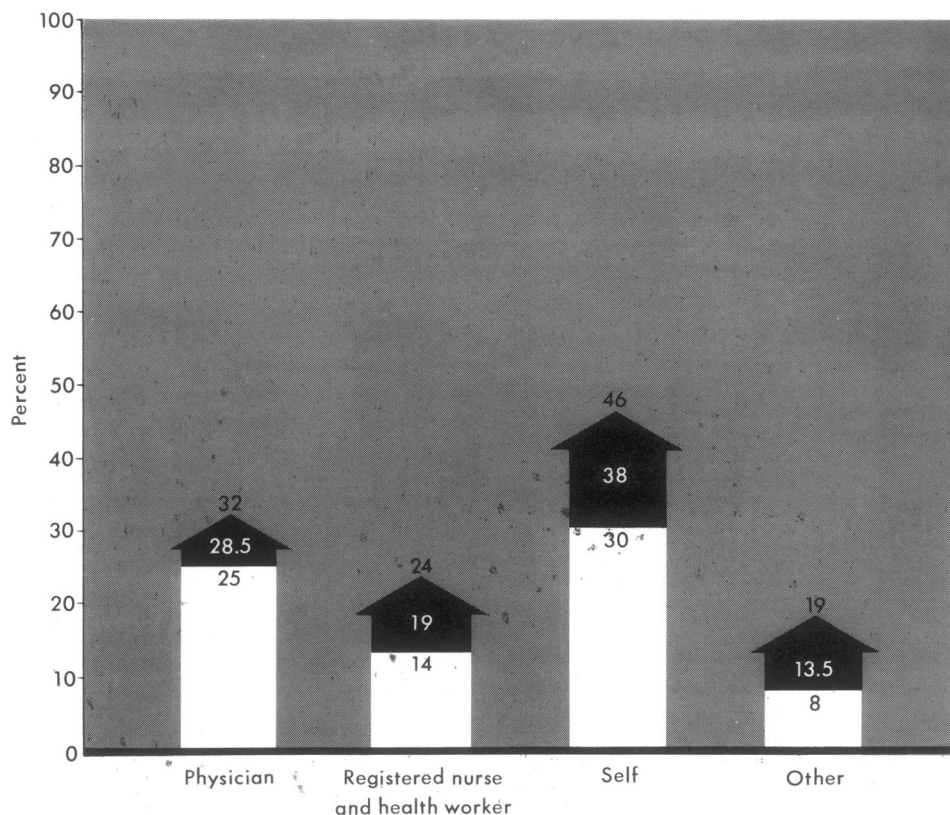
referrals, which ranged from 25 to 32 percent for physicians. Referrals from nurses ranged from 14 to 24 percent. Thus, approximately half of the attendees were referred from professional sources. Approximately 35 to 40 percent of the visitors were making return visits.

The results of studies, conducted periodically since the library opened, to determine patients' reactions to the library concept and to services rendered, indicate a high degree of acceptance and satisfaction. Viewed as a complement to health care, 92 percent of 114 respondents in a recent survey saw the library as necessary, very helpful, or helpful. Similarly, 92 percent of the respondents perceived the quality of materials available as excellent, very good, or good.

Additional Services

The library staff has developed mini-libraries to assist instructors in the various educational and counseling activities offered at the Health Education Center. Also, reference materials relating to the roles of nonmedical staff in the delivery of health care to patients have been amassed and cataloged for use. An unexpected discovery was that faculties of nearby community colleges were referring students to the library. As the collection of printed materials grew and requests for borrowing them became more frequent, a limited lending system for these materials was imple-

Figure 4. Use of health education library, by sources of referrals of visitors



NOTE: Range of referrals and averages, 1970-73

mented. Additionally, requests for loans of audio-visual programs for use in the clinic waiting rooms and hospital areas are being accommodated. Another area of assistance is in answering requests and giving advice on setting up a similar library service in other areas, both locally and in other States. The library is presently becoming a demonstration model for visitors from all parts of the globe.

Discussion

A central health education library for persons seeking care in a defined medical setting can be used by medical care providers to relieve them of the task of repeating instructions while providing their patients with information.

While it is recognized that attitudes, beliefs, and meanings of illness and health as they are

perceived and applied by the varied mix of a target population (4) would certainly color the results of their library experiences, it is also considered essential that commitment to the feasibility of the library concept, and involvement in its development and implementation by the providers of care, is an important factor influencing success (5). The enlistment of more active support from a greater proportion of physicians and nurses and other health workers is difficult for a number of reasons. Among these are (a) the newness of this concept and its unproved status, (b) the unfamiliarity of physicians with such a resource service since it had never before been one of the traditional armament of prescriptive choices, and (c) the time required for inservice education through contacts, reports, and other approaches directed to making and keeping the library active-

ly visible. As with all modalities involving change, resistance must be overcome, and this factor holds true here as well.

Over the 3 years of its existence, the library has become a learning center with expanding numbers of visitors, who come not only in direct response to physician referral, but also because they themselves are seeking health information. The library is also serving a useful purpose as a demonstration model for other providers of care in a variety of different settings.

Conclusions and Implications

From our experience, it has become apparent that a health education library for patients in an established ambulatory care setting can serve a useful function for both care providers and patients. While the percentage of physician referrals has been relatively low, it is growing slowly and holds promise for more active use by physicians with enhanced awareness and cooperation. For persons who are professionally referred, approximately half of all users, the library seems to have positive potential for providing materials that can clarify concepts and instructions regarding disease-related conditions and health problems and possibly result in improved satisfaction, concurrence, and compliance with prescribed treatment. For all users, the library is a repository for specialized health information.

Evaluation of the impact of such a resource in terms of achieving the short- and long-term objectives described should be undertaken in depth. For this kind of evaluation, planning is presently in process.

The implications from this study are that there is potential for a health library for patients to be used as an educational tool by providers of care in many settings; that the success of such an operation as a resource and learning center requires cooperation of professional staff and consumer patients; that people of all ages, mostly in the younger categories, are amenable to this method of health education; and that further exploration in this direction would be both desirable and feasible.

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